

BUILDING SAFETY & ZONING ENFORCEMENT
APPLICATION FOR A
PLUMBING/HVAC/GAS PERMIT



NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____

Tax Map Number: _____

Current use of the property / Building: _____

Proposed use of the property / Building: _____

2. Owner Identification

Applicants Name: _____ Relationship to Owner: _____

Owners Name: _____

Address of Owner: _____

City, State, Zip: _____

Phone - Owner: () _____ - _____ Applicant: () _____ - _____ Other: () _____ - _____

EMAIL ADDRESS: _____

3. Fixtures and Accessories to be installed (please note how many *NEW* fixtures and the fixture locations, i.e. 1st floor hall, 2nd floor master bedroom, basement):

4. Estimated Project Cost:

Contractors estimate for the work to be performed: \$ _____

PART 2: CONTRACTORS

1. Licensed Plumbing Contractor: Name: _____

Phone Number: _____ License #: _____ Permit # _____

2. HVAC Contractor: Name: _____

Phone Number: _____

3. _____ Contractor: Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

PART 3: IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a plumbing permit must be visually inspected by Building Safety and Zoning Enforcement must conform to the New York State Uniform Fire Prevention and Building Code, the Charter of the City of Kingston, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact Building Safety and Zoning Enforcement at (845) 331-1217 (Mon. thru Fri. 8:30 a.m. to 4:30 p.m.) at least 24 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary.
3. OWNER HEREBY AGREES TO ALLOW BUILDING SAFETY AND ZONING ENFORCEMENT TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with Building Safety and Zoning Enforcement. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The plumbing permit must be prominently displayed so as to be visible from the street nearest to the site of the work being conducted.

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) _____ Date: _____

_____ DO NOT WRITE BELOW THIS LINE — OFFICIAL USE ONLY _____

PERMIT FEE: Base Fee \$ 75.00 + Number of fixtures. _____ x \$10.00/each. = \$ _____ Total Fee

REVIEWED BY: _____ TITLE: _____ DATE: _____



PERMIT LETTER OF AUTHORIZATION

I _____ do hereby grant permission
(Owners Name)

to _____ to act as my agent in all aspects in order to
(Agents Name)

obtain a building/electric/plumbing permit from the City Of Kingston for property located at

(Address)

This will allow my agent to answer any and all questions on my behalf and to sign any and all documents for me; however, I accept full responsibility to ensure that my project meets all zoning and building code compliance.

(Owner's Signature)

(Date)

SWORN AND SUBSCRIBED before me

This _____ day of _____, 20_____

Notary Public

Print Name (Notary)

Reg. # _____

County Notary Qualified _____

Commission Expiration Date _____